USCSOM-PHR CME ORGANIZATION
REGULARLY SCHEDULED CONFERENCES (GRAND ROUNDS)
REQUEST FOR GRANT FROM COMMERCIAL INTEREST

Activity: ____________________________________________________________

Speaker: ____________________________________________________________

Date and Title of Session: ____________________________________________

Please state how you determined the need for this session: ____________________________

________________________________________________________________________

Please state the educational objective(s) for this session: ____________________________

________________________________________________________________________

How was the speaker identified? ____________________________________________

________________________________________________________________________

Speaker Fee: $ __________________

CME Policy: A visiting faculty speaker may be paid up to a maximum of $1500 for a one hour presentation. Any request to exceed this amount must include a justification/explanation why you are requesting an exception. Exceptions must be approved by the Assistant Dean for CME, the CME Executive Committee or Steering Committee.

Expenses to be reimbursed: Travel: $ __________________ Food: $ ___________ Lodging: $ ___________

________________________________________________________________________

Other: $ __________________ Total Expenses: $ __________________

TOTAL DOLLAR AMOUNT OF GRANT REQUEST: __________________________

Pharmaceutical Company: ________________________________________________

Pharmaceutical Rep (if applicable) - Name: __________________ Phone: ___________

Physician Requesting Grant - Name (Please Print): ____________________________

Department: __________________ Phone: __________________

Signature: __________________ Date: __________________

Please return form to: Steven Hasterok, MHA, Director of CME, Office of CME, 3555 Harden St Extension, Suite 100, Columbia, SC 29203 - Phone: 803-434-4211 - Fax: 803-434-4288

FOR CME OFFICE USE ONLY

Date Received: _________ Date Grant Submitted: __________ Decision: ________________